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Item 6 (a) of the provisional agenda*

Draft country programme document**

Afghanistan

Summary

The draft country programme document (CPD) for Afghanistan is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $210,000,000 from regular resources, subject to the availability of funds, and $455,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2015 to 2019.

* E/ICEF/2014/5.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the 2014 annual session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the second regular session of 2014.

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Please recycle

Basic data[†] *(2012 unless otherwise stated)*	
Child population (millions, under 18 years, male/female)	8.3/7.8
U5MR (per 1,000 live births)	99
Underweight (%, under 5 years of age, moderate & severe, 2004)	33
(%, male/female, urban/rural, poorest/richest)	33/33, ../.., ../..
Maternal mortality ratio (per 100,000 live births, adjusted, 2010)	460[a]
Use of improved drinking water sources (%, 2011)	61
Use of improved sanitation facilities (%, 2011)	28
One-year-olds immunized with DPT3 (%)	71[b]
One-year-olds immunized against measles (%)	68[b]
Primary school enrolment/attendance (% net, male/female, 2010-2011)	63/46
Survival rate to last primary grade (%, male/female, 2010-2011)	85/84
Adult HIV prevalence rate (%, 15-49 years, male/female)	<0.1/<0.1
HIV prevalence among pregnant women (%)	..
Child labour (%, 5-14 years, male/female, 2010-2011)	11/10
Birth registration (%, under 5 years of age, 2010-2011)	37
(%, male/female, urban/rural, poorest/richest)	38/37, 60/33, 31/58
GNI per capita (US$, 2011)	570

[†] More comprehensive country data on children and women *as well as detailed methodological notes on estimates* can be found at www.childinfo.org/.

[a] The figure reported in the above table is the adjusted maternal mortality ratio estimate prepared by the Maternal Mortality Estimation Inter-Agency Group. The reported estimate at the country level is 327 deaths per 100,000 live births (2010), as presented in in the Demographic and Health Survey, 2010.

[b] The immunization figures reported in the above table are inter-agency estimates prepared by WHO/UNICEF. The data disaggregated by sex are as follows: DPT3 male (42%) and female (39%); measles male (56%) and female (55%) from the Multiple Indicator Cluster Survey, 2010-2011.

Summary of the situation of children and women

1. Over the past decade, Afghanistan has made good progress towards achieving the Millennium Development Goals, especially Goals 2, 4, 5 and 7. Between 2007 and 2013, its Human Development Index ranking improved from the bottom fifth to the bottom thirteenth position. Between 2001 and 2012, life expectancy improved from 45.3 to 49.1 years; mean years of schooling increased from 2.1 to 3.1; and purchasing power parity increased from $435 to $1,000.[1] Between 1990 and 2012 the maternal mortality ratio decreased from 1,300 to 460 per 100,000 live births; while under-five mortality rate was reduced from 192 to 99 per 1,000 live births. Neonatal deaths account for approximately half of infant deaths.

2. Progress in the social sectors, however, has been slow and has not benefited everyone equally. Child and maternal deaths, and stunting among children remain

[1] UNDP, *Human Development Report 2013*.

among the highest in the world, with very wide geographic and gender inequities. Poor health indicators are associated with low access to health care for mothers and children: over 50 per cent of deliveries take place outside health facilities, and 47 per cent of pregnant women do not access ante-natal care services. Seventy per cent of children aged 12 to 23 months are not fully immunized, disparities exist between boys and girls, urban and rural areas and by region.[2] Afghanistan remains an endemic polio country despite recent progress. Water-borne diseases such as diarrhoea and acute respiratory infections are the biggest killers of children under five. Child malnutrition, is a significant contributor to child mortality. Nearly 54 per cent children are moderately or severely stunted.[3] About 40 per cent of the population (15 per cent urban, 47 per cent rural) is not using improved water sources. Only 28 per cent of the population uses an improved sanitation facility, while 21 per cent of the rural population practices open defecation, down from 32 per cent in 2000.

3. Despite an increase in girls' education, significant disparities remain, with girls lagging behind boys. For every 100 urban boys only 78 urban girls attend school; in rural areas it is 50 girls to 100 boys. General access to education in rural areas remains a challenge as does the quality of learning outcomes and late enrolment. Around 75 per cent of the 3.5 million out-of-school children are girls. Working children, children living with disabilities and children affected by conflict are often denied their right to education. Child labour is high, with one in four Afghan children involved in exploitive labour.[4]

4. Harmful social norms are widespread. Fifteen per cent of girls marry before age of 15, and 1 in 10 women give birth before age 18.[5] There are serious concerns of violence and exploitation of children, including sexual abuse of girls and young boys and exchange of girls for dispute settlement between families known as "baad." Domestic violence, corporal punishment and harassment are prevalent. Patriarchal societal norms weaken women's and children's participation in family and community decision-making, especially among adolescent girls. This reduces the ability of women and children to demand fulfilment of their rights to education, health, and protection, and affects the role of duty-bearers in fulfilling these rights.

5. Ongoing armed conflict continues to negatively impact on fundamental rights of children. As of January 2014, more than 600,000 people were internally displaced as a result of conflict, an increase of about 90,000 from the previous year. Attacks on schools and health facilities, some 1,239 since 2010, have hindered access to education and health services. Between January 2009 and August 2013, around 8,500 grave child rights violations were reported, including 6,058 conflict-related child deaths and injuries. Some 440 cases of recruitment by parties to the conflict, detention of 500 children in Juvenile Rehabilitation Centres and 136 major conflict-related incidents of abduction occurred. Children are reportedly used in suicide attacks and in manufacturing and planting of improvised explosive devices, and as spies. Poor security situation, with attacks against aid workers, convoys and facilities, seriously hampers humanitarian and development efforts.

[2] Multiple Indicator Cluster Survey (MICS) 2010-2011.
[3] National Nutrition Survey 2004.
[4] MICS 2010-2011.
[5] MICS 2010-2011.

6. Poverty and vulnerability to poverty are persistent and widespread. Between 2007-2008 and 2011-2012 the poverty rate remained unchanged (36 per cent). Recurrent natural disasters have caused loss of life and, in 2013, disrupted the lives and livelihoods of approximately 235,000 people. Families remain extremely vulnerable to flooding and drought that devastate agriculture, pushing them further into poverty. The poorest families experience the highest levels of deprivations. A lack of adequate social protection systems exposes families to risks, limiting their ability to cope with recurrent shocks.

7. Structural challenges, including weak governance, centralized decision-making, poor national-subnational coordination, insufficient resource allocation and underspending of allocated budgets are major underlying challenges that slow overall progress in access, coverage, and quality of basic services.

8. Thanks to the efforts of the Government and its partners, basic social services are now reaching more people than a decade ago. However, emphasis has been more on quantity over quality and on easy-to-reach areas. Finding qualified personnel is difficult due to conflict, migration and limited education opportunities. Gender equality is often limited by facilities and services that are not sufficiently child- and gender-sensitive. This is exacerbated by an inadequate number and distribution of qualified, professional and technical staff, especially female, across sectors. Low literacy among adult women (12 per cent) worsens the availability of female professionals. Slow procurement and distribution of supplies, such as teaching and learning materials, life-saving medicines, and vaccinations, has hindered quality delivery of services. In addition, capacity-building of service providers is fragmented and content is not harmonized among organizations that build capacity.

Key results and lessons learned from previous cooperation, 2010-2014

Key results achieved

9. The 2010-2014 country programme contributed to national goals defined in the Afghanistan National Development Strategy and United Nations Development Assistance Framework (UNDAF). Based on an analysis of child deprivation during the midterm review (MTR), UNICEF shifted its programming and investments to the most deprived provinces and hard-to-reach areas.

10. Remarkable improvements were made in access to basic quality education in partnership with the Ministry of Education and stakeholders from the education sector. Enrolment in basic education rose from 7.3 million in 2010 to 8.6 million in 2012. However, girls' enrolment in primary education rose by just 1 per cent, from 40 to 41 per cent between 2010 and 2012. Gains in enrolment resulted from various strategies, including strengthening the availability of community-based schools (CBS), accelerated learning centres (ALC) and child-friendly learning environments. Over 560,000 out-of-school children (39 per cent girls) were enrolled with UNICEF support through CBS and ALC as well as the construction of new schools. Teacher capacity to employ learner-centric methods was enhanced through pre-service and in-service training.

11. Routine immunization, newborn care, and malnutrition interventions were scaled up through partnership with the Ministry of Public Health addressing critical

supply and quality bottlenecks that cause maternal and child deaths. Significant improvements were seen in the Expanded Programme on Immunization, reproductive health, nutrition and child health policy environment. The capacity of service providers improved in remote areas through community outreach programmes. Notable results were achieved in increasing measles and tetanus toxoid coverage and reducing the spread of polio virus throughout the country through vaccination. Polio cases fell to 14 in 2013 compared to 80 in 2011. Emergency nutrition services treated 134,000 children with severe acute malnutrition (SAM).

12. Emphasis in the water, sanitation and hygiene education (WASH) programme shifted from infrastructure projects to strengthening inter- and intra-ministerial coordination to improve safe water supply, sanitation, hygiene and the promotion of sustainable services. In partnership with the Ministry of Rural Rehabilitation and Development, Ministry of Education and Ministry of Public Health, strategic alliances, such as Sanitation and Water for All and the South Asian Conference on Sanitation, raised WASH to a higher development priority and increase in budget allocation. A national WASH policy, a WASH in Schools strategy, menstrual hygiene management guidelines and WASH communications strategy were introduced. Low-cost water treatment technologies were introduced at community and household levels, and a national water quality monitoring and surveillance system established. Convergence between education and maternal, newborn and child health (MNCH) programmes resulted in improved hygiene awareness and retention.

13. Child protection and youth empowerment programmes focused on follow-up actions to the Concluding Observations of the Committee on the Rights of the Child. UNICEF supported the Government to enhance the enabling environment to protect children, including through development of a National Strategy for Street-Working Children, Youth Policy, and a Strategy for HIV/AIDS. UNICEF is also facilitating drafting of the Child Act. UNICEF strengthened regional Monitoring and Reporting Mechanism (MRM) on Children affected by Armed Conflict by initiating efforts to prevent recruitment of children into armed forces. By end of 2013, the Child Protection Action Network (CPAN) was active in 54 districts and 28 provinces. Since 2010, 11,354 cases of child rights violations were reported and acted upon by CPAN. A nationwide campaign on child protection, involving 900 religious leaders, was implemented. A web-based birth registration system was developed with the Ministry of Interior.

14. UNICEF response to humanitarian situations, including protracted and sudden-onset emergencies, reached over 7 million women and children between 2010 and 2013. Support included nutrition interventions, efforts to prevent grave violations against children, advocacy and sensitization campaigns to reopen schools, emergency health services for children and pregnant women, access to safe drinking water, along with hygiene and sanitation promotion and capacity-building of UNICEF cluster members. The pace and efficiency of emergency response improved due to more effective functioning of humanitarian clusters and inter-agency contingency planning and preparedness measures, as well as the improved capacity and stewardship of the Afghanistan National Disaster Management Authority. Leadership of education emergency response was transferred to Ministry of Education in 2013, with UNICEF technical support.

15. As part of planning, monitoring and evaluation, the capacity of the Central Statistics Office was strengthened in data collection, analysis including child

poverty and dissemination was strengthened, notably through the MICS 2010-2011 and collaboration with central statistics office Philippines. AfghanInfo is now functional. The first equity-focused situation analysis of women and children since 2003 was completed. Internal planning and monitoring systems were strengthened through implementation of Monitoring Results for Equity System (MoRES) and DevInfo-based monitoring systems. Gender equality in the Ministry of Education was reinforced through training on gender-based budgeting and improved reporting. Communication and public advocacy were significantly strengthened following the MTR in 2011. Advocacy tool kits and partnerships were developed, including one with the Afghan Cricket Board and Moby Media Group. Proactive media engagement also saw regular media briefings and capacity-building of journalists and editors in Afghanistan.

Lessons learned

16. Equity-focused, multi-sectoral vulnerability assessments combined with decentralized security analyses allowed UNICEF to develop a regionally appropriate mix of programmes in priority areas and provinces. Programme strategies in each province were adapted to local conditions of stability, fragility and institutional capacity.

17. Using the concept of a "development programme implemented in a fragile environment", the office was able to integrate humanitarian and development priorities. Interventions, both development and humanitarian, were implemented according to emerging needs and local security conditions, with strengthened community resilience at the core.

18. The integration of security analysts into programme teams and the hiring of local negotiators in the polio eradication programme was an important achievement. Localized community acceptance strategies enabled negotiated access with local authorities and Anti-Government Elements in previously difficult-to-reach communities.

19. Community engagement through local influencers and community structures also helped improve access to basic services. The CBS model was instrumental in providing access to education among marginalized girls and boys in remote locations. Partnership with Community Development Committees improved monitoring of community-based WASH and nutrition interventions. School management committees (*shuras*) were instrumental in reducing the number of attacks on schools, and negotiating reopening of schools that were closed amid fear of attacks by Anti-Government Elements.

20. Recommendations from the MTR led to strengthening child protection systems, building capacities of institutions offering justice to children, CPAN and service providers. Greater emphasis was placed on coordinated efforts in responding to children affected by armed conflict. UNICEF also took the lead in implementing a broader agenda on adolescents, initiated through collaboration with actors working in nutrition alongside early and child marriage.

The country programme, 2015-2019

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Health	35 000	160 000	195 000
Nutrition	20 000	66 000	86 000
Water, sanitation and hygiene	20 000	43 000	63 000
Education	30 000	102 000	132 000
Child protection	25 000	35 000	60 000
Social inclusion	15 000	25 500	40 500
Humanitarian response*	–	–	–
Cross-sectoral	65 000	24 000	89 000
Total	**210 000**	**455 500**	**665 500**

* Emergency budget is not included.

Preparation process

21. The present document supports the Government of Afghanistan in realizing the rights of all children and aligns with the Afghanistan National Development Strategy and the Concluding Observations of the Committee on the Rights of the Child. It was developed in close consultation with all relevant line ministries of the government and other partners, including non-governmental organizations and civil society following a detailed equity-focused situation analysis of children and women under the overall guidance of the Ministry of Foreign Affairs.

22. The overall goal of the 2015-2019 country programme is to address inequity so that all children, adolescents and women have access to services necessary to fulfil their rights to survival, development, protection and participation. Contributing to the overall goal, there are six convergent outcomes related to health care, nutrition, child protection, education, water sanitation and hygiene and social inclusion.

23. The proposed country programme will focus on most-deprived provinces and areas, mostly in South, South East and Western regions, where the programme will accelerate the access of children and women to basic services and bring efforts to scale. At a national level, the country programme will leverage the catalytic role of UNICEF to make sustainable changes in systems, policy, and programme implementation, addressing root causes of rights violations. The programme will support nationwide access to high-priority interventions such as routine immunization, polio eradication, provision of teaching-learning materials, and vitamin A supplementation. In the Northern Region the programme aims to reduce vulnerability through a new focus on social protection and increased prioritization of children's issues in local planning.

Programme components, results and strategies

(a) Health

24. The Health programme is guided by the new national Health and Nutrition Policy 2012-2020, addressing barriers to supply, demand and quality. It will contribute to improving MNCH care management and immunization. Its interventions will contribute to decreasing the high neonatal mortality rate through support to the National Action Plan for Newborn Health. Emphasizing convergence with nutrition and WASH and a focus on adolescents, the programme will expand quality service coverage and utilization in target areas and strengthen the technical capacity of the Ministry of Public Health to control the health care system. The programme will also increase the number of skilled service providers in health care and the Expanded Programme on Immunization, particularly female outreach workers, to provide quality MNCH services. Health facilities and outreach services will be strengthened through the provision of equipment, supplies and improved infrastructure, including cold chains. National and subnational procurement and supply chain management systems will be strengthened. Individual, family and community awareness to demand essential MNCH services will be increased with a focus on the adoption of appropriate health behaviours among adolescent girls. Social mobilization and communication strategies for polio eradication will be scaled up in all high-risk polio provinces with improved vaccine availability. The capacity of national and provincial implementing partners to collect, analyse and disseminate sex-sensitive data for monitoring the MNCH programme will be strengthened.

(b) Nutrition

25. The Nutrition programme will address the barriers on the supply and demand sides associated with stunting in early childhood. The programme will contribute to improved infant and young child feeding practices, micronutrient nutrition, and nutrition of adolescent girls and women. Support to the care of SAM among children will be scaled up through community-based management of acute malnutrition and facility-based treatment. The nutrition programme aims to improve access to adequate equipment, supplies and infrastructure among service providers, including community networks and community health workers. In priority areas, essential information, counselling, support and services to infants, young children, adolescent girls and mothers will be delivered. Demand from individuals, families and communities for key nutrition services and the adoption of positive nutrition behaviours will be increased. Data collection, analysis and dissemination systems at national and provincial levels on the nutrition situation of children and women will be reinforced.

(c) Water, sanitation and hygiene

26. The water, sanitation and hygiene programme, building on results and lessons from the past, will seek to address supply- and demand-side barriers affecting access to safe water, sanitation and hygiene. The new country programme will focus on enhancing the capacity of governmental and non-governmental actors and community structures to provide sustainable safe drinking water as well as promote behaviour change for improved hygiene, water safety and sanitation practices among communities. Evidence-based planning, monitoring and decision-making

will be strengthened through national capacity development on data and information management.

(d) Child protection

27. The child protection programme will promote a coordinated, multi-sectoral child protection system and support further improvements in the legal and policy environment, including through formulation of an overarching Child Act. The programme will enhance the capacity of governmental and non-governmental organizations and civil society service providers to prevent and respond to violence, abuse and exploitation of children through support and reinforcement of the CPAN network. The capacity of families, communities and religious leaders to protect children will be promoted. Grave violations of the rights of children affected by armed conflict will be monitored, reported and addressed through the MRM structures.

(e) Education

28. The education programme will contribute to improving learning outcomes, especially for girls, through increased access to and utilization of quality education. This will be achieved through scaled-up access to primary education for girls and boys in deprived areas and improved capacity of the Ministry of Education to manage community-based education, ensuring higher transition rates to grade 4 for girls and boys. Strengthened pre-service and in-service teacher training will increase the number of female teachers. Access to safe water, separate toilets and hygiene facilities for boys and girls in target schools will be strengthened by increasing the capacity of the Ministry of Education at national/provincial level to promote WASH and menstrual hygiene management. National capacity will be increased to develop a child-friendly school policy and implementation guidelines. The Ministry of Education's capacity to develop and operationalize a national assessment system to monitor learning achievements and set national standards in primary school core subjects will be strengthened and community-based early childhood care and education will be piloted in select communities.

(f) Social inclusion

29. The social inclusion programme is a cross-sectoral outcome to address root causes of deprivations and adjust to emerging trends and issues such as increased vulnerability of children to drug use, migration and urbanization. Social inclusion results will seek to improve the capacity of UNICEF, the Government and civil society to generate data and knowledge on child deprivation and disparities. Using local planning processes, the programme will develop and implement evidence-based inclusive policies through, for example, child-friendly budgets and improved social protection systems at national and subnational levels. The national child rights framework and child rights monitoring and reporting structures will be improved. Mechanisms, platforms, partnerships and tools for advocacy and resource mobilization will be enhanced. The knowledge and motivation of influencers and decision-makers at the national, provincial and local levels to promote children's rights will be bolstered, as will efforts to work with families, communities and religious leaders to eliminate harmful practices. Social, religious and institutional actors will be actively encouraged to promote the participation and engagement of children in decisions impacting their lives.

(g) Humanitarian response

30. **Risk reduction and humanitarian action.** While providing necessary humanitarian response, disaster risk management will be mainstreamed throughout the new country programme. A multi-hazard and preventive approach, informed by disaster risk reduction, climate change adaptation, and peacebuilding will be implemented. The programme also aims to mainstream resilience in UNICEF programme planning and implementation and promote emergency preparedness and timely response. Coordination of the WASH, nutrition clusters and the child protection sub-cluster will be strengthened for effective planning, response and recovery.

(h) Gender

31. Gender is not a programme component as such but rather is mainstreamed into the programme. The country programme will adopt two-pronged approach to strengthen realization of the rights of girls, boys, men and women by focusing on programme results and strengthening institutional effectiveness. The focus will be on concentrate on eliminating child marriage, improving access to health services and education for adolescent girls.

(i) Cross-sectoral

32. These costs will cover management and support for the overall country programme, including planning and coordination, staff and operating expenses related to supply, logistics, administration and finance, fundraising and media outreach.

Strategies

33. Recognizing the complex programming environment, the Afghanistan programme builds on a rights-based approach that combines sustainable development programming with risk-informed planning, emergency preparedness and humanitarian response, including contingency planning. Attention to clearly distinguishing humanitarian action from activities and objectives of political, military and other actors will ensure adherence of programme strategies to humanitarian principles. Emphasis will be placed on supportive human resource policies to ensure adequate staffing, security safety and mobility.

34. To ensure continuation of development activities in a fragile context and build on experiences of the polio programme, the country programme will fully integrate security risk management into planning, implementation and monitoring for partners to better understand and reduce security risks. This will result in motivated partners, improved service delivery and effective coverage.

35. A strategic shift will be made to build national and local government institutional capacity in all programme areas. Using a capacity-gap analysis undertaken at different government levels, the programme will support government-led reforms and improve alignment with results. This will be achieved by providing human, material and financial resources, and transfer of knowledge through training, on-the-job skills transfer, inter-country/South-South cooperation and technical assistance.

36. Innovative approaches will be promoted, including use of mobile technology to improve performance monitoring. Process and product innovations that generate gender-sensitive creative solutions to overcome access barriers to health centres and schools will be piloted and scaled up. Strengthening the evidence base and knowledge management and improving information management systems will be central in all result areas reinforcing the role of UNICEF as a knowledge hub.

37. Policy and communication advocacy will be geared up to maintain neutrality and impartiality in the provision of basic services and to maintain investment in development activities. Advocacy will also raise the profile of children and promote national commitment to protection of child rights through regular situation analysis updates, engagement of UNICEF Goodwill Ambassadors and partnerships with popular Afghan sports bodies, media institutions and local-level influencers.

Relationship to national priorities and the UNDAF

38. The democratization process in Afghanistan is still vulnerable and concerted efforts are required to sustain gains and accelerate efforts to progressively realize the rights of children and women. The country programme is forward-looking, equity-focused and is in line with ANDS, the National Priority Programmes (NPP) as well as the UNDAF. Assuming a peaceful political and security transition in 2014 and beyond, NPP will continue to guide development partners and all social, political and economic development programming in Afghanistan. The UNICEF country programme is closely aligned to NPP and various national sectoral policies.

39. The CPD is fully aligned with the goals and targets of the UNDAF that has been developed, and can be adjusted as necessary once the UNDAF is endorsed by the Government.

Relationship to international priorities

40. The country programme design is guided by the Convention on the Rights of the Child and its first two Optional Protocols, the Convention on the Elimination of All Forms of Discrimination against Women and the UNICEF Core Commitments for Children in Humanitarian Action. A late signatory to the Millennium Declaration and adherent to the Millennium Development Goals, Afghanistan developed its Millennium Development Goals and targets, which run through to 2020. Country programme results will contribute to the Millennium Development Goal targets for Afghanistan and global results of the UNICEF Strategic Plan, 2014-2017. The country programme will also align to the United Nations global development agenda and UNICEF global commitments.

Major partnerships

41. The five-year country programme will guide UNICEF Afghanistan to strengthen partnerships within the United Nations, with international development agencies, including international financial institutions and public-private partnerships such as the GAVI Alliance (Global Alliance for Vaccines and Immunization) and Global Partnership for Education. Partnerships with the private sector, media, professional bodies and universities will be broadened. UNICEF will continue efforts to gain acceptance among local government, communities and community-based social structures.

42. UNICEF will leverage its credibility to play a pivotal role in humanitarian coordination structures, namely in the health, nutrition, education, protection and WASH clusters, and within the Humanitarian Country Team and the United Nations country team. UNICEF will also embark on the joint programming opportunities with other United Nations agencies and seek to enhance United Nations coherence through active participation in inter-agency, thematic and sectoral working groups.

Monitoring, evaluation and programme management

43. The country programme will be managed by UNICEF in consultation with the Ministry of Foreign Affairs as the nodal ministry. Mid-year and annual reviews with sectoral ministries, government bodies, donors, non-governmental organizations and United Nations agencies will be convened by the Ministry of Foreign Affairs to monitor progress. UNICEF will work with other United Nations agencies to implement the Harmonized Approach to Cash Transfers and support national quality assurance mechanisms.

44. UNICEF will also work with the Government to ensure availability, analysis and use of disaggregated data at national and provincial levels to inform programme design, implementation and monitoring. The integrated monitoring and evaluation plan, linked to the UNDAF monitoring and evaluation framework, will monitor results and outcomes. A strong focus of the plan will be on equity and gender to tackle key national and subnational bottlenecks. UNICEF will support both independent and government-led evaluations to improve effectiveness and sustainability of programme results and learning.

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Draft country programme document**

Sierra Leone

Summary

The draft country programme document (CPD) for Sierra Leone is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $35,780,000 from regular resources, subject to the availability of funds, and $205,585,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2015 to 2018.

* E/ICEF/2014/5.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the 2014 annual session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the second regular session of 2014.

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Basic data[a] *(2012 unless otherwise stated)*	
Child population (*millions, under 18 years, male/female*)	1.4/1.4
U5MR (*per 1,000 live births*)	182
Underweight (*%, under 5 years, moderate & severe, 2010*)	22
(*%, male/female, urban/rural, poorest/richest*)	24/20, 20/22, 22/15
Maternal mortality ratio (*per 100,000 live births, adjusted, 2010*)	890[a]
Use of improved drinking water sources (*%, 2011*)	57
Use of improved sanitation facilities (*%, 2011*)	13
One-year-olds immunized with DPT3 (%)	84[b]
One-year-olds immunized against measles (%)	80[b]
Primary school enrolment/attendance (*% net, male/female, 2010*)	73/76
Survival rate to last primary grade (*%, male/female, 2010*)	93/92
Adult HIV prevalence rate (*%, 15-49 years, male/female*)	1.2/1.7
HIV prevalence among pregnant women (%)	..
Child labour (*%, 5-14 years, male/female, 2010*)	27/25
Birth registration (*%, under 5 years, 2010*)	78
(*%, male/female, urban/rural, poorest/richest*)	78/78, 78/78, 74/88
GNI per capita (*US$*)	580

[a] More comprehensive country data on children and women as well as detailed methodological notes on estimates can be found at www.childinfo.org/.

[a] The figure reported in the above table is the adjusted maternal mortality ratio estimate prepared by the Maternal Mortality Estimation Inter-Agency Group. The reported estimate at country level is 857 deaths per 100,000 live births (2008), as presented in the Demographic and Health Survey, 2008.

[b] The immunization figures reported in the above table are inter-agency estimates prepared by WHO/UNICEF. The data disaggregated by sex are as follows: DPT3, male (72 per cent) and female (71 per cent); and measles, male (84 per cent) and female (79 per cent), from the multiple indicator cluster survey, 2010.

Summary of the situation of children and women

1. Sierra Leone is consolidating peace after a devastating civil war that lasted from 1991 to 2002. Left a fragile State by the war, it is now in transition to becoming a developing country. Political stability is progressing well, as confirmed by the third round of credible presidential, parliamentary and local council elections in November 2012. The United Nations Security Council, recognizing the positive changes, decided to end the mandate of the United Nations Integrated Peacebuilding Office in Sierra Leone by 31 March 2014. However, the poverty rate is still high and access to social services and infrastructure is inadequate. The poverty reduction strategy paper (2013-2018), also called 'Agenda for Prosperity', seeks to address these challenges. Sierra Leone is unlikely to achieve most of the Millennium Development Goals by 2015.

2. Gross domestic product grew by 13.3 per cent in 2013. Domestic revenue accounted for 80 per cent of the total government budget, with grants from

development partners accounting for the remaining 20 per cent.[1] The proportion of the population in absolute poverty declined from 66.4 per cent to 52.9 per cent between 2003 and 2011. Poverty is concentrated largely in rural areas but absolute poverty in the capital (Freetown) increased from 14 per cent to 21 per cent during that period. Around 14 per cent of the population is extremely poor, meaning that even if these approximately 860,000 people spent all their income on food, they would not meet basic nutritional requirements.[2] Social protection is weak and uncoordinated.

3. Access to health services for children and mothers has improved since the introduction of the Free Health Care Initiative for children below 5 years, pregnant women and breastfeeding mothers. About 97 per cent of pregnant women attend at least one antenatal clinic, and deliveries in health facilities have increased from 25 per cent in 2008 to 56 per cent in 2013. Under-five mortality stands at 156 per 1,000 live births.[3] The main causes of these deaths are malaria, diarrhoea, acute respiratory infections and neonatal events. Maternal mortality is still high, estimated at 890 per 100,000 live births, and 40 per cent of these deaths are among adolescents. Undernutrition is prevalent among children and pregnant women. About 38 per cent of children under 5 are stunted and 80 per cent of children aged 6-59 months are anaemic. Only 32 per cent of infants under 6 months are exclusively breastfed.[4]

4. An estimated 48,000 Sierra Leoneans are living with HIV, of which 4,400 are children. HIV prevalence among women is 1.7 per cent compared to 1.2 per cent among men. An especially vulnerable group comprises an estimated 180,000 to 300,000 women (between 4 per cent and 5 per cent of the population) who exchange sex for money or other items. Over half of this group is believed to be under 25 years of age, with 5 per cent under 15 years.[5] Out of 1,200 health facilities nationwide, only 131 provide antiretroviral treatment, while 687 provide prevention of mother-to-child transmission services. Just 3 per cent of infants receive early diagnosis.

5. Little safe water is supplied. Water and sanitation infrastructure is inadequate, as are hygiene practices in homes, schools and health facilities. About 57 per cent of the population has access to an improved drinking water source (84 per cent in urban areas, 40 per cent in rural areas). Just 13 per cent of the population uses non-shared, improved sanitation facilities (22 per cent in urban areas, 7 per cent in rural areas).

6. Population growth is putting increasing pressure on the environment. Rapid growth in unplanned urban areas is a serious concern. The environment also faces challenges from activities such as mining and from forest exploitation and poor solid waste collection and management. Subsistence agriculture has caused land degradation. The poorest communities are especially at risk of storms, floods, fires and other natural disasters, exacerbated by climate change, as well as epidemics.

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[1] Sierra Leone Budget Profile, 2014.

[2] Sierra Leone Integrated Household Survey, 2011.

[3] Demographic and Health Survey, 2013.

[4] Ibid.

[5] UNAIDS, *Population Size Estimation of Key Populations: Sierra Leone*, August 2013.

7. School enrolment increased over the 2000-2010 period, though universal primary education is yet to be reached. Pre-primary enrolment remains particularly low (7 per cent). The gross enrolment ratio for primary level was 122 per cent in 2010/2011, indicating that Sierra Leone in principle could accommodate all students at the appropriate grade for age. However, 23 per cent of children remain out of school, and the primary completion rate is just 76 per cent. Household wealth explains the most serious disparities in children's enrolment. It is estimated that only 60 per cent of children aged 6 to 11 years from the poorest households were enrolled in 2010, against 93 per cent of children from the wealthiest households. Of the poorest group only 76 per cent transition from primary school to junior secondary school, while among the wealthiest children 96 per cent make the transition.

8. Learning outcomes are generally very poor at all levels. At end of grade 3, many children lack the most basic reading, writing and comprehension skills. Junior secondary results are scarcely better. Inadequate pedagogical skills of teachers are a serious obstacle to learning, with about 40 per cent of the teachers untrained and unqualified. The demographic pressure on the education system is set to increase in the near future, which calls for additional investments to increase the system's capacity by 56 per cent in order to achieve universal primary education.[6]

9. Gender disparities in enrolment are slight, but they tend to deepen gradually as children progress through school. Only 14 per cent of girls access senior secondary school, against 32 per cent of boys.[7] Physical distance to secondary schools, early marriage and teenage pregnancy hamper attendance by girls, especially at secondary level.

10. About 16 per cent of girls are married before age 15 and 50 per cent before age 18.[8] Approximately 47 per cent of girls aged 18 have had a child or are pregnant.[9] Girls in the poorest quintile are more than four times as likely to give birth before age 15 compared to their peers in the wealthiest quintile.[10] Nine of ten women have undergone female genital mutilation/cutting.[11]

11. Weak protection systems, standards and capacity are major bottlenecks to attaining a protective environment for women and children. Limited budgets for social welfare services, amounting to less than 1 per cent in national budgetary allocations for 2014,[12] undermine the response capacity of the Ministry of Social Welfare, Gender and Children's Affairs and local councils. About 82 per cent of children aged 2-14 in Sierra Leone are subjected to at least one form of psychological or physical punishment. More than a quarter (26 per cent) of children aged 5-17 are involved in hazardous child labour.[13]

12. Children in conflict with the law are routinely incarcerated with adults and unable to realize their basic human rights. Victims of abuse have limited recourse to

[6] Government of Sierra Leone, *Country Status Report*, 2013.
[7] Ibid.
[8] Multiple Indicator Cluster Survey, 2010.
[9] Demographic and Health Survey, 2008.
[10] Multiple indicator cluster survey, 2010.
[11] Demographic and Health Survey, 2013.
[12] Government of Sierra Leone, *Budget Estimates Profile, 2011-2015* (2013).
[13] *State of the World's Children 2014*.

justice or care and are traumatized. Weak civil registration systems reduce access to birth registration. The response to child disability is poor, as school facilities are largely inappropriate and there are no provisions to assist children with disability in accessing health care and social protection.

13. There are difficulties with the availability and use of quality and reliable data to provide evidence for decision-making in planning and programming. A comprehensive monitoring and evaluation framework needs to be developed across ministries, departments and agencies.

Key results and lessons learned from previous cooperation, 2013-2014

Key results achieved

14. UNICEF contributed to addressing identified barriers and bottlenecks that prevent children, particularly the most disadvantaged, from realizing their rights. Following is a summary of some of the major results achieved in the previous programme, which was a transition to the new four-year country programme:

15. The Free Health Care Initiative has significantly improved the availability of essential drugs for management of childhood illnesses in health facilities and reduced health care costs for women and children. UNICEF supported training, deployment and supportive supervision of nurses, midwives, maternal and child health aides, and community health workers. Rehabilitation, construction and equipping of health clinics and hospitals was stepped up to improve quality. Twice yearly maternal and child health weeks, which reached most households, included tracing of immunization defaulters. Integrated community case management of malaria, pneumonia and diarrhoea was scaled up from two to six districts, as was community-based management of acute malnutrition.

16. Community-led total sanitation contributed to the reduction in open defecation. During 2013, some 1,283 communities and villages, totalling 256,600 people, were triggered for local action to stop open defecation. A total of 687 communities/villages, with a population of 137,400 people, have been declared "open defecation free".

17. UNICEF supported an increase in the number of peripheral health units providing treatment for severe acute malnutrition from 227 to 428 nationwide. A total of 32,000 children under 5 suffering from severe acute malnutrition were admitted annually to the community-based management of acute malnutrition programme, with an 80 per cent cure rate.

18. A strategic plan to speed up elimination of mother-to-child-transmission of HIV is being implemented. It has improved access to services, upgraded facilities for early infant diagnosis of HIV and scaled up paediatric care for affected children. The 12 district hospitals and 7 hospitals within the Western area provide early infant diagnosis and paediatric treatment for infected children. Local organizations supported by UNICEF provided care to 250 children infected by HIV.

19. UNICEF supported the Government in developing the education sector plan (2014-2018) and national curriculum for basic education. Baseline research on early-grade reading skills was completed, and the resulting findings were the basis

for developing the teacher training programme. Hygiene, health and sanitation have been integrated into pre-service and in-service teacher training. UNICEF supported households, mother support groups and schools through a cash and school uniform incentive scheme to ensure that six-year-old children are enrolled in class 1.

20. UNICEF worked with the Government and partners to develop a national strategy for reduction of teenage pregnancy, a child welfare policy and a child justice strategy. UNICEF also supported adolescent mothers through life skills training and provision of funds for income-generating activities. It reached more than 6,000 adolescent girls through 200 clubs in 4 districts. UNICEF provided technical assistance to develop and launch the national referral protocol for victims of gender-based violence, including free medical examinations and training of stakeholders at district and chiefdom level.

21. At community level, assistance has been provided to 102 child welfare committees, 400 traditional and religious leaders, 202 paralegals and 171 community groups to prevent and respond to child protection issues, such as diversion of children and adolescents in conflict with the law from the formal judicial system, family tracing and reunification of children not living with their biological parents. Family tracing and reunification networks have been set up in 12 districts.

22. A social protection secretariat has been established with support from UNICEF and the World Bank to coordinate implementation of a cash transfer programme for extremely poor households.

Lessons learned

23. During the first decade after the war, UNICEF and other development partners concentrated on immediate provision of basic social services. In recent years there has been a shift towards supporting the Government and its partners to develop capacity to provide such services to children and their families. Partnerships between local councils and community structures have strengthened the capacity to undertake monitoring and supervision of schools. Furthermore, pursuit of child rights through community-centred approaches to empowerment of women can be effective. Community self-financing schemes play an important role in rallying community groups and help in encouraging members to sustainably support various child care activities.

24. To empower women and girls and reduce their vulnerabilities requires collaboration among different programme components to increase access to services, address harmful social practices and provide educational and economic opportunities for women and girls.

25. With 56 per cent of the population under the age of 20, it is crucial to enable children and adolescents to remain in school, make informed decisions and develop coping and self-management skills that help them lead healthy and productive lives.

26. In an environment of inadequate accountability and risk to resources, UNICEF, the Government and other stakeholders developed a risk and control matrix to reduce risks related to procurement and distribution of drugs for free health care. It improved accountability and transparency.

The country programme, 2015-2018

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Child survival and development	10 500	119 585	130 085
Education	6 500	50 000	56 500
Child protection	5 000	20 000	25 000
Social policy, planning, monitoring and evaluation	6 780	8 000	14 780
External relations and advocacy	2 000	2 000	4 000
Cross-sectoral	5 000	6 000	11 000
Total	**35 780**	**205 585**	**241 365**

Preparation process

27. The country programme has been developed through a participatory process involving government partners under the leadership of the Ministry of Finance and Economic Development. The process was informed by the situation analysis, common country assessment and review of the United Nations transitional joint vision (2013-2014). The programme builds on the United Nations Development Assistance Framework (UNDAF) 2015-2018 to support implementation of the Agenda for Prosperity and sectoral policies. The country office held a Strategic Moment of Reflection in December 2013 to review UNICEF roles and engagement in the country. Consultations were held with counterparts, civil society organizations, donors and experts.

28. This participatory preparation process focused especially on equity, adolescent behaviour and opportunities, empowerment of women, social inclusion, results-based management and the human rights-based approach to programming. Under the authority of the Ministry of Finance and Economic Development, the draft version of the country programme was presented to all key partners for consideration and amendments.

Programme components, results and strategies

29. The overall goal of the country programme for 2015-2018 is to support national efforts to accelerate the realization of the rights of children by improving access to services, developing the capacity of systems, building resilience among households and communities, and providing social protection to the poorest and most vulnerable families. This is expected to significantly contribute to achievement of the post-2015 development goals. It also will support achievement of the global goals in the UNICEF Strategic Plan, 2014-2017.

30. The programme strategies, emphasizing sectoral convergence, will include (a) developing capacity for service delivery that is equitable and sensitive to conflict issues, particularly for vulnerable groups such as children under age 5 in underserved areas, children who are orphaned or living without their biological parents, children with disabilities, children involved in child labour, adolescent girls

and out-of-school children; (b) strengthening systems for real-time programme monitoring and evaluation; (c) building community resilience and empowerment through community-centred development; (d) supporting upstream policy reforms, advocacy, institution-building and decentralized planning and budgeting to ensure more responsive and accountable service delivery; (e) collaborating with the private sector, communities, civil society and governmental entities to leverage resources for realization of child rights; (f) promoting behavioural and social change in households and communities to enhance child survival, education and protection outcomes and build resilience; (g) building emergency preparedness capacity and humanitarian response; (h) innovating for better delivery of services; and (i) strengthening the role of zonal offices to support engagement with decentralized structures, especially district and local councils.

31. **Child survival and development**. This programme component aims to ensure that under-five and school-age children, adolescents and women have access to and utilize essential, high-quality and high-impact child survival and development services incorporating prevention, treatment and care.

32. Within the context of "A Promise Renewed", the component will support policy formulation and implementation of sector strategies for children, women and adolescents, and contribute to data generation for informed decision-making and programming. It will support implementation of the national health sector strategic plan; the reproductive, newborn and child health policy; the strategic plan for elimination of mother-to-child-transmission of HIV; and the strategy for reduction of teenage pregnancy. It will also support formulation of legislation to aid community health workers and infant and young child feeding practices. The programme will address bottlenecks in investment plans, institutional reforms and private sector participation in water and sanitation interventions.

33. The component will continue capacity development by intensifying training for health personnel and improving facilities to scale up and deliver better child, newborn and maternal care. It will also support actions to increase access to quality adolescent sexual and reproductive health care through youth-friendly services and linkage of programmes with schools. Health facilities will be further renovated by installing water and sanitation and scaling up outpatient therapeutic feeding centres. Separate sanitation facilities for boys and girls will be established in primary schools.

34. Community-centred interventions will be aided to provide immediate postnatal care; encourage use of insecticide-treated mosquito nets; treat malaria, pneumonia and diarrhoea; prevent and manage HIV; screen for acute malnutrition; promote appropriate infant and young child feeding practices; maintain "open defecation free" status; promote key family practices, including hand washing with soap; maintain water and sanitation facilities; and promote emergency preparedness, disaster risk reduction and community resilience.

35. **Education**. This programme component will support development of institutional capacity in the education sector, including by strengthening systems to enhance school enrolment and right-age entry, retention, completion and transition, as well as improved quality of teaching and learning. In line with the education sector plan and the Global Partnership for Education, interventions will focus on programming both in and out of school through support to school readiness,

mentoring programmes for girls and greater participation by parents and communities in school management.

36. The component will support the Ministry of Education, Science and Technology in setting up an education management information system to measure learning outcomes of all children, including those at risk of not accessing the formal school system. The ministry and local councils will be supported to increase their capacity to monitor learning outcomes through cluster monitoring, links to teacher training institutions and technology innovations to improve teachers' professionalism and classroom-based learning in child-friendly environments.

37. The ministry will also be supported to facilitate reform of the teacher training curriculum, help to make the teaching service commission operational and provide adequate teaching and learning materials. Intersectoral approaches will be adopted to support development of life skills among children and young people as well as health and rights awareness through education. Synergies among the formal systems and catch-up classes for out-of-school and over-age children will be established to increase learning opportunities for girls and young mothers. The programme will explore innovative approaches to consolidating peace and building community resilience.

38. **Child protection**. Through an inclusive and integrated child protection systems approach, this programme component will increase national and decentralized capacity to provide equitable access to child-friendly services that prevent and respond to violence, abuse, exploitation and neglect. This will be through (a) support to implement key policies and laws, such as child welfare and alternative care policies, the Child Rights Act 2007, the Sexual Offences Act 2012, the child justice strategy and the national strategy for reduction of teenage pregnancy; and (b) institutional capacity-building at national and decentralized levels to prevent and respond to violence, abuse and exploitation, with a special focus on adolescent girls and boys. This will include improved user-friendly recourse to justice for children in contact with the law and strengthened integration of birth and civil registration services at national, district and local levels.

39. Children, adolescents and communities will be empowered to reduce the harmful consequences of social norms and practices. There will be a particular focus on reducing child marriage, adolescent pregnancies, female genital mutilation/cutting, gender-based violence and the worst forms of child labour. Social change and family strengthening strategies will contribute to reduced violence, exploitation and abuse. Innovative child participatory approaches and links between formal systems across sectors will be used to strengthen community mechanisms such as child welfare committees and adolescent clubs. The objective is to develop locally appropriate solutions to challenges facing children and adolescents, including those with disabilities.

40. **Social policy, planning, monitoring and evaluation**. This programme component will strengthen the capacities of ministries, agencies and local councils for planning, monitoring and evaluation, data management and social policy analysis to reduce multidimensional child poverty and exclusion. Through the roll-out of the Monitoring Results for Equity System, it will further strengthen the use of national and decentralized planning and monitoring systems that aim to systematically identify and reduce bottlenecks to equitable service delivery for

children and women. It will engage in high-quality research on gender issues, adolescents and children.

41. To generate evidence for action, the component will support implementation of a national monitoring and evaluation plan and policy. It will strengthen the health and education management information systems. It will also strengthen national data collection efforts through support to the multiple-indicator cluster survey in 2015, the post-enumeration survey of the census in 2015 and the Demographic and Health Survey in 2018. Innovative approaches in using technology for development will be employed to enhance real-time monitoring, social accountability and service response.

42. The component will support the Ministry of Information and the Office of the President to develop a communication for development strategy. The goal is to strengthen community-driven dialogue to advance social change and ensure people have appropriate knowledge and skills on health care, nutrition, education, child protection and water, sanitation and hygiene education (WASH). Better community partnerships and engagement with decentralized structures will be emphasized through community-centred development.

43. The component will support local councils to strengthen their capacity for improved community participation in evidence-based and equity-focused planning, budgeting for children, coordination of service delivery and accountability. Local councils, civil society and communities will be supported to expand use of participatory community monitoring and accountability frameworks to increase citizen demand for services and accountability of both rights-holders and duty-bearers, emphasizing women and adolescents.

44. The national social protection system will be strengthened to effectively provide social protection to the poorest and most vulnerable groups, including people with disabilities. The national social protection secretariat will be supported to ensure timely benefit payments, better monitoring, rigorous grievance redress and improved management of information for decision-making. Poor people and their communities will be empowered to demand accountability and transparency in delivery of services by participating in the grievance redress mechanism with civil society organizations, local councils, the national social protection secretariat and the anti-corruption commission.

45. **External relations and advocacy**. This programme component will use multiple channels — including social media, print media, television and radio — for evidence-based advocacy on issues relating to the rights of children and women. These channels will also be used to increase awareness among duty-bearers and rights-holders. Efforts will be made to strengthen donor and National Committee relations to increase resources to support realization of child rights. The programme will work with local and international media to improve reporting on children and women in accordance with international ethical standards.

46. **Cross-sectoral**. This component will cover management and operational support to ensure effective and efficient implementation of the country programme. It will support administration, financial management, information technology, human resources management, security and supply and logistics.

Relationship to national priorities and the UNDAF

47. The country programme has been developed based on the joint strategies of the UNDAF 2015-2018. It aims to support the Agenda for Prosperity, emphasizing three priority pillars: human development, social protection and women's empowerment. The programme supports national priorities by contributing to six of the eight pillars of the UNDAF.

Relationship to international priorities

48. The country programme is guided by the Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women, Convention on the Rights of Persons with Disabilities and other human rights treaties. It is aimed at accelerating the achievement of the Millennium Development Goals, as well as the goals and targets of the post-2015 development agenda. It is aligned to the seven outcomes of the UNICEF Strategic Plan, 2014-2017 and the Core Commitments for Children in Humanitarian Action. The programme is also aligned with the principles of the Paris Declaration on Aid Effectiveness, the Accra Agenda for Action and the New Deal for engagement in fragile states (of which Sierra Leone is a pilot country), to which both UNICEF and the Government are committed.

Major partnerships

49. To ensure more effective and efficient use of resources to address priorities for children and women, UNICEF will continue to participate in development partnership coordination; the steering committee for multi-donor budget support; Scaling Up Nutrition; the inter-agency coordination committee for the GAVI Alliance; and the country coordination mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

50. UNICEF will continue to co-chair the education partners' group, health development partners' group, WASH donor partners' group and the national monitoring and evaluation technical working group so that adequate attention is given to issues concerning the rights of children and women.

51. To enable closer coordination of policy formulation and implementation of social protection programmes, UNICEF will work with the national social protection forum, social protection secretariat, the World Bank and other United Nations agencies.

52. To increase public awareness and media capacity to report ethically on the rights of children and women, key partnerships will be strengthened with Journalists for Human Rights, the Sierra Leone Association of Journalists, Sierra Leone Broadcasting Corporation, Children's Forum Network, Youth and Child Advocacy Network, Independent Media Commission and Media Alliance for Children.

Monitoring, evaluation and programme management

53. The Ministry of Finance and Economic Development will serve as the national coordinating body for the country programme. Line ministries will be responsible for implementation and coordination of the respective programmes. Key indicators for monitoring progress are detailed in the summary results matrix. An Integrated Monitoring and Evaluation Plan will be developed to enhance monitoring and

evaluation. There will be an emphasis on strengthening government and partner monitoring systems to track the status of key barriers and bottlenecks in real time through the Monitoring Results for Equity System, as well as on knowledge management to document results, lessons learned and best practices. Mid-year and annual reviews of the programme components will be undertaken with the Government, implementing partners and development partners. UNICEF will participate in the United Nations country team and other inter-agency coordination mechanisms and contribute to annual UNDAF reviews and the end-of-cycle evaluation.

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Extensions of ongoing country programmes

Note by the secretariat

Summary

In accordance with Executive Board decision 2009/11, this note informs the Executive Board of the one-year extensions of country programmes, approved by the Executive Director, for Algeria, Argentina, Lebanon, Libya and Uganda.

The note further presents the reasons for the proposed two-year extension of the country programme for Burundi, the third consecutive one-year extension for Guinea-Bissau, the fourth one-year extension for the Syrian Arab Republic, and a two-month extension, following three one-year extensions, for Madagascar. The Executive Board is requested to approve these programme extensions.

Draft decision

The Executive Board

1. *Takes note* of the one-year extensions of the country programmes for Algeria, Argentina, Lebanon, Libya and Uganda, all of which were approved by the Executive Director, as indicated in table 1;

2. *Approves* the two-year extension of the country programme for Burundi, the third one-year extension for Guinea-Bissau, the fourth one-year extension for the Syrian Arab Republic, and a two-month extension, following three one-year extensions, for Madagascar, as presented in table 2.

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Table 1

One-year extensions of ongoing country programmes for approval by the Executive Director

UNICEF-assisted country programme	Original programme period	Year approved for extension	Reasons for extension
Algeria	2012-2014	2015	– To align with the extended United Nations Development Assistance Framework(UNDAF) cycle as recommended by the United Nations country team (UNCT). – To allow the United Nations to align its work better with the priorities of the new national development plan (2015-2019), as well as the priorities that may be articulated following the presidential elections in April 2014.
Argentina	2010-2014	2015	– To align with the extended UNDAF cycle as recommended by the UNCT. – To align the country programmes of the United Nations system with the National Government's planning cycle, ending in December 2015.
Lebanon	2010-2014	2015	– To allow the country office and partners to focus on scaling up response to the needs of Syria refugees and vulnerable host communities in Lebanon. – Following presidential elections in May 2014, development of the country programme document (CPD) will take into account the new leadership's national priorities. – The UNCT has agreed to pursue a one-year extension to the UNDAF.
Libya	2013-2014	2015	– To align to the United Nations Strategic Framework as well as the Integrated Strategic Framework, which have both been extended to end of 2015. – The present state of flux and insecurity in the country negatively affects opportunities for medium-term and longer-term planning.
Uganda	2010-2014	2015	– To align the next UNDAF to the Government of Uganda's planning cycle. – In view of adopting the One Programme consistent with standard operating procedures for countries adopting the Delivering as One approach.

Table 2
Extensions of country programmes for which the approval of the Executive Board is requested

UNICEF-assisted country programme	Original programme period	Period proposed for extension	Reasons for extension		
			In-country development	United Nations harmonization	Implementation or other issues
Burundi	2010-2014	2015-2016 *two-year extension*	To align with the new national strategic objectives approved by the Government in its second poverty reduction strategy paper for 2012-2016.	The two-year extension of the cycle would harmonize with the revised UNDAF 2012-2016.	The programme extension would allow strengthening interventions in nutrition, early child development, HIV and AIDS and adolescents.
Guinea-Bissau	2008-2012	2015 *third one-year extension*	As 2014 is an election year, the United Nations agencies have recommended extending the current UNDAF, so that national authorities can focus on elections and allow the development of a new UNDAF with completion of the transition period.	The extension is requested by the UNCT to allow the preparation of a new UNDAF (2016-2020) following the national elections.	UNICEF would consolidate its agenda for child rights, with a stronger equity focus, in line with the recently launched advocacy initiative aligned with *A Promise Renewed* and the post-2015 development agenda.
Madagascar	2008-2011	1 January 2015-28 February 2015 *two month extension, following three one-year extensions*	The United Nations agencies are developing the UNDAF (2015-2019) with the newly installed government. The process will likely be completed during the third quarter of 2014.	The extension would allow alignment with CPD submissions by UNFPA and UNDP in 2015.	The extension would ensure that implementation of the country programme can continue until approval of the new CPD.
Syrian Arab Republic	2007-2011	2015 *fourth one-year extension*	Development of a new programme of cooperation is constrained due to continued conflict.	The United Nations Syria Response Plan would complement the extension. UNDP is also pursuing a one-year extension.	The extension would enable the continuation of support to children in the Syrian Arab Republic, with a particular focus on the most disadvantaged children.